

CITY OF DETROIT KWAME M. KILPATRICK, MAYOR DETROIT WORKFORCE DEVELOPMENT DEPARTMENT Operations Division 707 W. Milwaukee Avenue Detroit, Michigan 48202	FOR INTERNAL USE ONLY Proposal Number: PY 2006 _____ Rec'd by _____ Date _____ Time _____ Rating: _____
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APPLICATION COVER SHEET
WORKFORCE INVESTMENT ACT TITLE I

1. LEGAL NAME OF APPLICANT AGENCY				FEDERAL EMPLOYER I.D. NUMBER		
ADDRESS -Administrative				ADDRESS - Training Facility		
CONTACT PERSON				TELEPHONE NUMBER OF CONTACT PERSON		
2. TARGET POPULATIONS (Unduplicated Count)				3. PROPOSED COSTS (From Exhibit II)		
PY	2006	2007		2006	2007	
Older Workers			WIA Contract	\$	\$	
Ex-Offenders			Contribution Match	\$	\$	
Disabilities			Supportive Service Pmts	\$	\$	
Language/Culture			TOTAL	\$	\$	
4. NUMBER OF PLACEMENTS				5. PROPOSED PERFORMANCE (From Form C)		
Number of Placements at 90 Day Follow Up _____				Cost/Entered Employment \$ _____		
Number of Placements at 180 Day Follow Up _____				Cost/Youth Positive Termination \$ _____		
6. PROJECT NAME AND BRIEF DESCRIPTION				8. Is the agency licensed by the State of Michigan Department of Education for the Proposed Training () Yes () No 9. Is the proposed training approved for Pell Grants? () Yes () No 10. Is the proposed agency incorporated ? () Yes () No		

AGENCY STATEMENT OF CERTIFICATION

This proposal was prepared independently without consultation, agreement or cooperation with any other proposing agency or party to determine a competitive cost for the services offered. This proposal has been duly authorized by the governing body of the proposer. The applicant will comply with all rules and regulations of the funding agency and will revise this proposal, if necessary.

AUTHORIZED SIGNER'S NAME TYPED	AUTHORIZED SIGNATURE
AUTHORIZED SIGNER'S TITLE	DATE SIGNED

PROPOSAL TABLE OF CONTENTS

Complete after proposal is prepared. Insert as page 2 of proposal.

The forms and documents listed below are to be included in the order shown. Fill in the page number where the form or document can be found in your proposal.

Number	Application Page
Application Cover sheet (Form A)	<u>1</u>
Proposal Table of Contents (Form B)	<u>2</u>
Project Activity Summary (Form C)	<u>3</u>

Project Proposal

- I. Statement of Work (Exhibit I)
- II. Costs/Budget Proposal (Exhibit II)
 - Supportive Service Payment Projection (Form D)
 - Non-WIA Cash Contribution/Match Worksheet (Form E)
- III. Agency Background and Resources
 - Agency Resources Questionnaire (Form G)
 - Job Descriptions of WIA Staff (Form H)
 - Resumes of WIA Staff (Form I)
 - Fiscal Responsibility Certification (Form J)
 - Past Performance Summary (Form K)
 - Debarment Certification (Form L)

Attachments:

- 1. State Incorporation Certificate
- 2. Agency Vocational Training License and Certification
- 3. Organization Chart for Project
- 4. Licenses/Certification of Professional Staff
- 5. Audit Report - Most Recent
- 6. Certification of 501(c)(3) Status for non-profits

PROJECT ACTIVITY SUMMARY

1. Type of Activity _____
2. Older Workers _____ Ex-Offender _____ Disabilities _____ Language/Culture _____
3. Length of Participant's Activity
 # of Weeks _____ X # of Hours/Week _____ = _____ Total Hours
4. Proposed Start Date _____ Proposed End Date _____

	<u>SPECIAL POPULATIONS</u>	<u>PY 2004</u>	<u>PY2005</u>
5. WIA Cost (Exhibit II)		_____	_____
6. Total Participants Enrolled		_____	_____
7. Project Terminations			
a. # Total Participants Terminated		_____	_____
b. # Entered Unsubsidized Employment		_____	_____
c. Entered Unsubsidized Employment Rate (b) a)		_____	_____
d. Cost Per Entered Employment (5) 7b)		_____	_____
e. # Employed at 90 Day Follow up		_____	_____
8. # Participants on Board (6 minus 7) July 1, 2006		_____	_____

STATEMENT OF WORK

NARRATIVE

Insert the Statement of Work developed for the specific type of program proposed in accordance with Part III of the RFP package.

**GENERAL GUIDELINES
FOR COST/BUDGET PROPOSAL**

1. Equipment purchases will be limited to only items approved by the Detroit Workforce Development Department.
2. All proposing agencies must submit a complete line-item budget for the total length of the program for each project. Explanatory and backup sheets may be added to support the required forms.
3. Private for profit proposers should indicate anticipated program profits over program costs in the space provided on Exhibit II-12. Private non-profit organizations are specifically prohibited from deriving profits from WIA funded activities.
4. All bidders of classroom training projects must prepare an estimate of participant supportive service payments on the Supportive Service Payment projections worksheet, FORM D. Supportive service payments up to eight dollars per day for transportation and lunch will be based on individually assessed need as documented in the participant's Individual Employment Plan (IEP). However, for purposes of estimation, payment based on maximum need should be calculated by the proposer. Participant supportive service payments for classroom training will be paid directly to WIA participants by a separate contract and will not be included in the proposing agency's WIA contract.
5. All bidders must complete the Non-WIA Cash Contribution/Match Worksheet, Form E.
6. All bidders are required to complete the Training Equipment List, Form F, to identify equipment on hand that will be used in the proposed training.

The Detroit Workforce Development Department requires that entry level wages for participants placed in employment must be at least equal to the wages paid other workers entering employment in the same occupation in the industry. For PY 2006, the Detroit Workforce Development Department has set an average wage at placement goal of \$8.33 for adults.

COST/BUDGET PROPOSAL GRAND SUMMARY**PROJECT:**

1. Primary Activity (Check one)
 () Classroom Training/Occupational Skills
 () Classroom Training/Literacy and Remediation Skills

1 Cost Summary (From Exhibit II, Line Item Budget)

a. WIA Proposed Administration Costs	\$ _____
Supportive Services and Follow-Up Cost	\$ _____
Training Cost	\$ _____
	\$ _____
	\$ _____
Profit (Private for Profit Proposers)	\$ _____
WIA TOTAL	\$ _____
b. Per Diem Supportive Service Payment Projections	\$ _____
(FORM D)	
c. Non-WIA Contribution/Match (Form F)	\$ _____
TOTAL PROJECT COST	\$ _____

LINE ITEM BUDGET - ADMINISTRATION

POSITION TITLE*	RATES PER WEEK	% TIME TO PROJEC T	NO. WEEK S	WIA	NON- WIA	TOTA L
-----------------	----------------------	-----------------------------	------------------	-----	-------------	-----------

SUB-TOTAL

* Group all positions and provide sub-totals according to sub headings: Managerial, Clerical, etc.

LINE ITEM BUDGET - ADMINISTRATION

			WIA	NON- WIA	TOTAL
<u>FRINGE BENEFITS</u>					
FICA	%X	\$			
WORKERS COMPENSATION	%X	\$			
HEALTH & WELFARE INS.	%X	\$			
RETIREMENT PENSION	%X	\$			
UNEMPLOYMENT INS.	%X	\$			
OTHER SPECIFY	%X	\$			
	%X	\$			

SUB-TOTAL

TRAVEL EXPENSES

Local Travel

Mi/wk X \$. X Wks

Staff Members Using

Per Diem

No. days X \$_____/day

SUB-TOTAL

LINE ITEM BUDGET - ADMINISTRATION

	WIA	NON- WIA	TOTAL
FACILITY COST			
(1) Rent (Attach copy of lease)			
_____ sq. ft. of office space @			
_____ per sq. ft. per month X			
_____ months X _____ % of use =			
# of staff using facility:			
Address of rented facility:			
(2) <u>Utilities (Specify)</u>			
\$ _____ / month X _____ months =			
(3) <u>Communications</u>			
Base telephone rate \$ _____ / month plus			
an estimated \$ _____ for toll calls X _____ months =			
Postage \$ _____ / month X _____ months =			
(4) <u>Capital Improvements</u>			
<u>SUB-TOTAL</u>			
 <u>CONSUMABLE OFFICE SUPPLIES</u>			
<u>SUB-TOTAL</u>			
 <u>EQUIPMENT</u>			
Rent/Lease: Itemize			
Purchase: Itemize			
<u>SUB-TOTAL</u>			

TOTAL

SUB-TOTAL

SUB-TOTAL

SUB-TOTAL

SUB-TOTAL

TOTAL ADMINISTRATION

LINE ITEM BUDGET - SUPPORT SERVICES AND FOLLOW-UP

POSITION TITLE*	RATES	%	NO. WEEKS	WIA	NON- WIA	TOTAL
	PER WEEK	TIME TO PROJECT				

SUB-TOTAL

* Group all positions and provide sub-totals according to sub headings: Managerial, Clerical, etc.

LINE ITEM BUDGET - SUPPORT SERVICES AND FOLLOW-UP

			WIA	NON- WIA	TOTAL
<u>FRINGE BENEFITS</u>					
FICA	%X	\$			
WORKERS COMPENSATION	%X	\$			
HEALTH & WELFARE INS.	%X	\$			
RETIREMENT PENSION	%X	\$			
UNEMPLOYMENT INS.	%X	\$			
OTHER SPECIFY	%X	\$			
	%X	\$			
<u>SUB-TOTAL</u>					

TRAVEL EXPENSES

Local Travel

Mi/wk X \$. X Wks

Staff Members Using

Per Diem

No. days X \$_____/day

SUB-TOTAL

LINE ITEM BUDGET - SUPPORT SERVICES AND FOLLOW-UP

	WIA	NON- WIA	TOTAL
<u>FACILITY COST</u>			
(1) Rent (Attach copy of lease)			
_____ sq. ft. of office space @			
_____ per sq. ft. per month X			
_____ months X _____ % of use =			
# of staff using facility:			
Address of rented facility:			
(2) <u>Utilities (Specify)</u>			
\$ _____ / month X _____ months =			
(3) <u>Communications</u>			
Base telephone rate \$ _____ / month plus			
an estimated \$ _____ for toll calls X _____ months =			
<u>Postage</u> \$ _____ / month X _____ months =			
(4) <u>Capital Improvements</u>			
<u>SUB-TOTAL</u>			
<u>CONSUMABLE OFFICE SUPPLIES</u>			
<u>SUB-TOTAL</u>			
<u>EQUIPMENT</u>			
Rent/Lease: Itemize			
Purchase: Itemize			
<u>SUB-TOTAL</u>			
<u>TOTAL SUPPORT SERVICES & FOLLOW UP</u>	_____	_____	_____
	_____	_____	_____

LINE ITEM BUDGET - TRAINING

POSITION TITLE*	RATES	%	NO. WEEKS	WIA	NON- WIA	TOTAL
	PER WEEK	TIME TO PROJECT				

SUB-TOTAL

* Group all positions and provide sub-totals according to sub headings: Managerial, Clerical, etc.

LINE ITEM BUDGET - TRAINING

			WIA	NON- WIA	TOTAL
<u>FRINGE BENEFITS</u>					
FICA	%X	\$			
WORKERS COMPENSATION	%X	\$			
HEALTH & WELFARE INS.	%X	\$			
RETIREMENT PENSION	%X	\$			
UNEMPLOYMENT INS.	%X	\$			
OTHER SPECIFY	%X	\$			
	%X	\$			

SUB-TOTAL

TRAVEL EXPENSES

Local Travel

Mi/wk X \$. X Wks

Staff Members Using

Per Diem

No. days X \$_____/day

SUB-TOTAL

LINE ITEM BUDGET - TRAINING

	WIA	NON- WIA	TOTAL
--	-----	-------------	-------

FACILITY COST

- (1) Rent (Attach copy of lease)

_____ sq. ft. of office space @

_____ per sq. ft. per month X

_____ months X _____ % of use =

of staff using facility:

Address of rented facility:

- (2) Utilities (Specify)

\$ _____ / month X _____ months =

- (3) Communications

Base telephone rate \$ _____ / month plus

an estimated \$ _____ for toll calls X _____ months =

Postage \$ _____ / month X _____ months =

- (4) Capital Improvements

SUB-TOTAL

TRAINEE COSTS

- (1) Tuition

- (2) Books

- (3) Supplies

- (4) Other

SUB-TOTAL

LINE ITEM BUDGET SUMMARY

TOTAL ADMINISTRATION COSTS	<hr/>	<hr/>	<hr/>
TOTAL SUPPORT SERVICES & FOLLOW-UP COSTS	<hr/>	<hr/>	<hr/>
TOTAL TRAINING COSTS	<hr/>	<hr/>	<hr/>
PROFIT (Private for Profit Proposers Only)	<hr/>	<hr/>	<hr/>
GRAND TOTAL	<hr/>	<hr/>	<hr/>

SUPPORTIVE SERVICE PAYMENT PROJECTIONS

A participant in approved classroom training shall be eligible to receive supportive services payments during training. Participants may receive a maximum of \$8.00 per day in supportive service payments. The types of payments for which a participant may be eligible are

1. Transportation payments for days that the participant is actually attending training, and
2. Lunch payments for participants attending training at least four hours per day.

All payments will be contingent upon individually assessed need of the participant as documented in the Individual Employment Plan (IEP).

Calculate the projected maximum supportive service payments to participants in the space provided below. Assume that all participants qualify for maximum need. Use a retention rate in your calculations that accurately reflects your agency's experience with similar programs and services, or use a flat rate of 75% (0.75) if there is no prior experience.

Transportation Cost: \$2.50 per day

Lunch Cost: \$5.50 per day

Retention Rate: _____

Class	No. Participants	No. Days	Daily Cost Per Participant	Retention Rate	Total
	X	X	X	=	

NON-WIA CASH CONTRIBUTION/MATCH WORKSHEET

In the space below, indicate the source(s) and amount(s) of any non-Federal cash contribution or match for the proposed project that will reduce the WIA contract costs. Omit “in-kind” contributed costs.

If instruction costs not included as matching funds, please identify source of instruction, name of school, contact person and phone number.

SOURCE	AMOUNT	EXPLANATION
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL CASH CONTRIBUTION/MATCH	\$	

TRAINING EQUIPMENT LIST

Project _____

List equipment on hand to be used in the proposed WIA training.

[illegible]

PREPARED BY _____ TITLE _____ DATE _____

AGENCY RESOURCES QUESTIONNAIRE

1. Name and title of the person(s) with legal authority to sign contracts.

2. List the name(s) and title(s) of all officers and members of the board of directors of the corporation or business:

NAME	TITLE

3. Number of years the school/agency has been in business.
4. How many total students/clients did the agency serve last year?
5. a. Is the training site on a bus line? YES___ NO ___
State the bus line and indicate how many blocks from the nearest bus stop to the agency.

- b. Is the training site accessible to individuals with disabilities? YES___ NO___
Describe the accessibility.
6. Attach a copy of the proposer's state incorporation certificate, and appropriate licensures and certifications for vocational (occupational) training.
7. Has the agency ever gone into receivership, bankruptcy reorganization or been declared financially insolvent? YES___ NO ___

If yes, describe the circumstances.

8. a. Attach an organization chart for the proposed project listing all WIA program staff.
- b. Provide job descriptions for WIA program staff including relevant job qualifications. Use Form H.
- c. Attach resumes and certifications of professional staff to be associated with this WIA project. Sign the statement of assurance that all staff credentials have been verified. Use Form J.
9. a. If staff or other costs charged to this budget will be shared with one or more funding sources, please detail the overall cost allocation plan for sharing costs with the WIA project including the method of allocating shared cost.
- b. Identify "other" funding sources. Note whether the non-WIA funding sources are listed on the Non-WIA Cash Contribution/Match Worksheet (Form E).

-
10. Does the agency do its own accounting? YES___ NO___
If no, indicate the name and address of the accounting firm.
-
-

11. What journals does the agency maintain?
- | | | | |
|----|-------------------------|--------|-------|
| a. | General journal | YES___ | NO___ |
| b. | Cash receipts | YES___ | NO___ |
| c. | Cash disbursements | YES___ | NO___ |
| d. | Payroll register | YES___ | NO___ |
| e. | Accounts payable | YES___ | NO___ |
| f. | Employee earning record | YES___ | NO___ |
| g. | Other (Specify) | YES___ | NO___ |

12. Does the agency have a general ledger? YES___ NO___
How often is a trial balance prepared?
-

13. Accounting System Disbursements

- a. Are all disbursements made by check? YES___ NO___
- b. Are checks pre-numbered? YES___ NO___
- c. What person(s) sign checks?

14. Is a bank reconciliation prepared? YES___ NO___

15. Describe the agency's payroll system including internal checks for accuracy and validity.

Method of Documenting Employee Time:

- a. Employees sign in/out each day? YES___ NO___
- b. Punch time clock? YES___ NO___
- c. Are the time sheets or cards signed by a supervisor? YES___ NO___

16. Bonding

A minimum bonding of \$100,000 is required of employees receiving or depositing funds into program accounts or issuing financial documents, checks or other instruments of payment. Higher coverage is required for advances over \$100,000.

- a. Indicate the amount of agency bonding coverage \$
- b. List the names and titles of the individuals who will be bonded:

17. Name and address of auditing firm:
Attach the agency's most recent audit.

18. Attach a Fiscal Responsibility Certification (Form K) signed by the agency's financial officer and a Certified Public Accountant.

19. For WIA audits as well as other audits, indicate what action has been taken in regard to the following:

- a. Auditor's opinions or recommendations regarding internal controls.
- b. Cost disallowances.
- c. Other "qualitative" changes the contractor has undertaken in response to audits._____

20. Has the organization ever been declared seriously deficient in the operation of a grant? YES___ NO___
If yes, describe the circumstances on attached pages.
21. Describe the audit trail for:
- a. Salaries_____
- b. Telephone expenses_____
- c. Travel expenses_____
22. Give a complete description of the flow of funds through the organization starting with the receipt of funds until actual disbursement. This description should clearly indicate the internal checks and balances in the system designed to prevent and detect fraud or the misuse of federal funds.
23. Agency Policies
Does the agency have a written Personnel Manual? YES___ NO___
- If "NO," does the agency have written policies regarding:
- a. Sick leave? YES___ NO
- b. Vacation? YES___ NO
- c. Travel reimbursement? YES___ NO
- d. Affirmative action (EEO)? YES___ NO
- e. Other personnel matters (identify)?

JOB DESCRIPTION OF WIA STAFF

Prepare a job description for each proposed staff position to be funded by WIA, including managerial, supervisory, instructional, job development, and counseling.

AGENCY: _____

PROGRAM: _____

Directly Responsible to: _____

General Statement of Duties: _____

Qualifications: _____

Related Knowledge, Skills and Abilities _____

Responsibilities: _____

RESUME OF WIA STAFF

To be completed by all managerial, supervisory, instructional, counseling and job development staff. Do not substitute other formats.

NAME: _____		ADDRESS: _____	
CITY _____	MI _____	ZIP _____	
PROPOSED JOB TITLE: _____			START DATE: _____
IF INSTRUCTOR, SUBJECT(S) TO BE TAUGHT: _____			
HIGH SCHOOL ATTENDED: _____		CITY _____	STATE: _____
DIPLOMA GRANTED _____		GED OBTAINED: _____	
(Month/Year)		(Month/Year)	
COLLEGE OR UNIVERSITY ATTENDED _____			
CITY: _____		STATE: _____	
DATE GRADUATED _____		MAJOR _____	
TEACHING CERTIFICATE: _____		_____	
(Month/Year)		(Subject Area)	

OTHER SCHOOLS: Vocational, Business, Apprenticeship, Special Courses

NAME OF SCHOOL/AGENCY	TYPE OF TRAINING	LICENSES/CERTIFICATES	DATES

TEACHING EXPERIENCE

NAME OF SCHOOL/AGENCY	ADDRESS OF SCHOOL/AGENCY	SUBJECTS TAUGHT	FROM	TO

EMPLOYMENT OTHER THAN TEACHING

NAME OF FIRM	ADDRESS OF FIRM	TYPE OF WORK	FROM	TO

CERTIFICATION: I certify that the above information is true and complete

Signature of Director/Date

Signature of Staff/Date

FISCAL RESPONSIBILITY CERTIFICATION

The fiscal responsibility certification form is compulsory for all agencies submitting a proposal under this RFP. A Certified Public Accountant, in addition to the financial officer's signature is required.

FISCAL RESPONSIBILITY CERTIFICATION

Complete both (1) and (2)

(1) I, the financial officer of the contracting agency which will maintain the Grant Recipient's accounts, accept full responsibility for providing financial services adequate to insure the establishment and maintenance of an accounting system by such agency and agencies participating in the project, with internal controls adequate to safeguard the assets of such agencies, check the accuracy and reliability of accounting data, promote operation efficiency and encourage adherence to prescribed management policies.

(Signature and Date)

(Title)

(2) I, a Certified Public Accountant/duly licensed public accountant, am of the opinion that the Contractor has established the accounting system described in (1) above.

(Signature and Date)

(Firm)

PAST PERFORMANCE SUMMARY

For any training **SIMILAR/IDENTICAL*** to the proposed project which was engaged in during the last two program years, please complete for each project:

Project Title _____

Funding Agency Contact: _____ Phone _____

Project Dates: From _____ To _____

Type of Training: _____ Client Population(s) _____

Performance Information:

a.	Contract cost:	Planned	\$
		Actual	\$
b.	# Enrollees	Planned	
		Actual	
c.	Total Terminations		
d.	Entered Employment:	Planned	
		Actual	
e.	Entered Unsubsidized Employment Rate:		
f.	Cost Per Entered Employment		\$
g.	Employed at 12 Month Follow-up		
h.	Average Wage Per Hour at Entered Employment		\$
i.	Average Wage Per hour at 12 month follow-up		\$
j.	Total Non-Positive Terminations		
k.	Participants on Board		

*** Explain in narrative detail related identical training program and outcome. Attach additional pages if necessary.**

DEBARMENT CERTIFICATION INSTRUCTIONSInstructions for Certification

By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.

The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous because of changed circumstances.

The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definition and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.

The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous.

A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Non-procurement Programs.

Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

DEBARMENT CERTIFICATION

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part II of the January 23, 2002 Federal Register.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS
WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals, are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

NOTICE OF DETROIT LIVING WAGE RATES ADJUSTMENT EFFECTIVE JUNE 1, 2005

In accordance with Ordinance No. 45-98, being Sections 18-5-81 through 18-5-86 of the 1984 Detroit City Code, titled Detroit Living Wage Ordinance (Ordinance), the Purchasing Division of the City Finance Department has determined that the following adjustments to the living wage rates are necessary to reflect changes in the federal poverty level:

- 1) Where health benefits as defined in the Ordinance are provided to the employee, the living wage rate is **\$9.68** per hour (100% of the federal poverty level income guideline for a family of four); and
- 2) Where health benefits as defined in the Ordinance are **not** provided to the employee, the living wage rate is **\$12.09** per hour (125% of the federal poverty level income guideline for a family of four).

These rates are based upon the 2004 federal poverty level income guideline of \$19,350.00 for a family of four in the contiguous 48 states and the District of Columbia, as published in the Federal Register: February 14, 2005. In order to provide the notice to employers required pursuant to Section 18-5-83 (d) of the Ordinance, these rates shall become effective **June 1, 2005**. These rates will be further adjusted periodically when the federal poverty level income guideline is adjusted by the U.S. Department of Health and Human Services.

The Ordinance applies to employers who are contractors' or grantees' as defined in the Ordinance, where the contract or grant is entered into or renewed after the effective date of the Ordinance, which is **December 16, 1998**. A copy of the ordinance may be obtained from:

Ms. Olline McElroy, Municipal
Code and Ordinance Clerk
City Clerk's Office

2000 Coleman A. Young Municipal Center
Detroit, MI 48226
(313) 224-2083